# Appendix Two - 5 Yearly Reflective Template for Educator Appraisals

**Guidance on Completing Your Portfolio**

Your portfolio for accreditation as a named Supervisor should demonstrate a professional, informed and coherent approach to the supervision of trainees and students. The portfolio documentation has been kept as brief as possible and is aimed primarily at supporting a developmental discussion about your role as a named Supervisor with a minimum of ‘paperwork’.

It is only mandatory to complete this portfolio if you have a role as an educator or a lead Medical Education role (Postgraduate and Undergraduate), in which case you will be required to participate in a process of Trust-based reaccreditation every five years.

**Accreditation or prior experience**

* All educators must participate in the local review process when called.

**Training courses and developmental activities**

* In this section, you are asked to document training undertaken relevant to your educator role. Guidance on mandatory training requirements can be found in the Professional Development Framework for Supervisors [HERE](https://london.hee.nhs.uk/multiprofessional-faculty-development/fd-new-multiprofessional-framework-educators)
* Only Equality and Diversity training is to be repeated every three years. All other training should relate to your own developmental needs.

**Evidence of good practice**

* You should aim to provide between four and eight separate pieces of evidence highlighting your work relating to these roles over the past **five years**. This should include data from, or actions taken as a result of the latest GMC trainee survey or equivalent where available.
* In completing the portfolio document, please indicate the areas of the Professional Development Framework to which they relate. The Framework areas are provided in this portfolio for ease of reference. Some pieces of evidence may be relevant to more than one area.
* You may already have prepared a portfolio (or part of it) for appraisal, revalidation or other purposes, materials from which may also be relevant for the purposes of this process or vice versa.
* Evidence relating to third parties must be anonymised so that individuals are not identifiable. Please seek permission for including certain material or documents if this is necessary.
* Evidence must also include attendance to relevant committee meetings.

**Personal development plan**

* This may be completed at your review meeting
1. **Personal Information**

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| --- | --- |
| **Name:**  |  |
| **Specialty:** |  |
| **Department:** |  |
| **Workplace Address:**  |  |
| **Email:**  |  |

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| For how many trainees do you act as the named clinical supervisor? |  |
| For how many trainees do you act as the named educational supervisor?  |  |
| Are you a Senior Educator / Medical Education lead? Which locality or speciality? If yes, please state for how long? |  |

Please provide a brief description on your supervisory role(s):

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1. **Other Educational Roles Or Activities**

Please use this space to provide additional information about any other educational roles or activities in which you are involved. These may include activities undertaken for professional bodies, such as examining; for other organisations, such as undergraduate teaching; or Trust-based activities undertaken with work-based teams.

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1. **Training Courses And Other Developmental Activities & Evidence Of Good Practice**

Please summarise any relevant training (e.g. short courses, e learning) undertaken in relation to your educator role and the Professional Development Framework area(s) to which it relates. Training may relate to more than one area.

To see examples of evidence refer to pages 11 to 19 [HERE](https://london.hee.nhs.uk/sites/default/files/professional_development_framework_for_educators_2022.pdf)

|  |  |  |
| --- | --- | --- |
| **Date** | **Description of courses/activities undertaken** | **Framework area (please tick)** |
| **Ensuring safe and effective patient care through training** | **Establishing and maintaining an environment for learning** | **Teaching and facilitating learning** | **Enhancing learning through assessment** | **Supporting and monitoring educational progress** | **Guiding personal and professional development** | **Continuing professional development as an educator** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
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|  | **Equalities and Diversity training** -mustbe renewed every three years |
| **Date** |  |

1. **Personal Development Plan**

To be completed at your review with reference to the Professional Development Framework areas in relation to your work as an educator. Information can be copied from your PDP in SARD. Please ensure you state SMART objectives to overcome any challenges mentioned. Please also consider these needs within your job plan.

What strengths have you identified?

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| **What Learning and Development needs have you identified** | **Agreed action or goal** | **Date this will be achieved by**  | **How will you be able to demonstrate that your need has been addressed?** |
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1. **Declaration**

I confirm that this is an accurate summary of my current educator activities and developmental needs. I agree to participate in a rolling programme of reaccreditation

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| --- | --- |
| Signature:  |  |
| Date: |  |

1. **Sign Off**

To be completed by the allocated ES Appraisal Lead (Please contact Medical Education so an educator appraiser can be allocated)

Thank you for submitting your educator supervisor’s portfolio. Based on the evidence provided (please check appropriate box)

[ ] I confirm / recommend your re/accreditation as an educator for a period of three years

Comments:

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**or**

[ ] I am unable to confirm / recommend re/accreditation as an educator for the following reasons:

Comments:

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**Date of next review**: Click or tap to enter a date.

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| **Appraiser name:**  |  |
| **Signature:**  |  |
| **Date:**  |  |
| **Designation:** |  |